

C6R49345

Print Form

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

CK# 55245 50- IV C NonProc
 ENT'D JAN 25 2013
 RECEIVED JAN 15 2013
 130725
 HAND DELIVERED

II Client Information

Name: Builders Association (NYS)

Permanent Business Address: 152 Washington Avenue, Lower Level

City: Albany

State: NY

ZIP code: 12210

Business Phone: 518-465-2492

Fax Number: 518-465-0635

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Whiteman Osterman & Hanna LLP

Phone Number: 518-487-7741

Address: One Commerce Plaza, 19th Floor

City: Albany

State: NY

ZIP code: 12260

Compensation for current period: \$31500 .00

B Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: Builders Association (NYS)

Phone Number: 518-465-2492

Address: 152 Washington Avenue, Lower Level

City: Albany

State: NY

ZIP code: 12210

Compensation for current period: \$39486 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$70986 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 6783	.00
C Itemize each expense exceeding \$75:		
PAID TO: Whiteman Osterman & Hanna LLP	DATE: 12 / 31 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Reimbursed Expenses	AMOUNT: \$ 311	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$ 7094	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1			
Single Source Entity's Name: Associated Builders & Owners of Greater NY		First Name:	
or Single Source Person's Last Name:		State: NY ZIP code: 10038	
Address: 80 Maiden Lane, Suite 1503			
City: New York			
Phone: 212-385-4949			
Date Contribution Received:	10 / 31 / 2012	Amount of Contribution:	\$ 2442 .00
Date Contribution Received:	12 / 27 / 2012	Amount of Contribution:	\$ 125 .00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Check here if using section V(C) of the Addendum for additional Contributions: <input type="radio"/>			
Contribution(s) Single Source #2			
Single Source Entity's Name: HBRA of Central New York		First Name:	
or Single Source Person's Last Name:		State: NY ZIP code: 13206	
Address: 3675 James Street			
City: Syracuse			
Phone: 315-463-6261			
Date Contribution Received:	07 / 24 / 2012	Amount of Contribution:	\$ 1002 .00
Date Contribution Received:	09 / 25 / 2012	Amount of Contribution:	\$ 1378 .00
Date Contribution Received:	10 / 16 / 2012	Amount of Contribution:	\$ 1252 .00
Date Contribution Received:	11 / 27 / 2012	Amount of Contribution:	\$ 939 .00
Date Contribution Received:	12 / 18 / 2012	Amount of Contribution:	\$ 751 .00
Check here if using section V(C) of the Addendum for additional Contributions: <input type="radio"/>			
Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: <input checked="" type="radio"/>			

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Capital Region Builders & Remodelers Association

or
Single Source Person's Last Name: First Name:

Address: 1202 Troy-Schenectady Rd

City: Latham

State: NY

ZIP code: 12110

Phone: 518-690-0766

Date Contribution Received: 08 / 14 / 2012 Amount of Contribution: \$2214 .00

Date Contribution Received: 10 / 05 / 2012 Amount of Contribution: \$1543 .00

Date Contribution Received: 10 / 25 / 2012 Amount of Contribution: \$1315 .00

Date Contribution Received: 12 / 21 / 2012 Amount of Contribution: \$1378 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 4

Single Source Entity's Name: Builders Association of the Hudson Valley

or
Single Source Person's Last Name: First Name:

Address: 1161 Little Britain Rd

City: New Windsor

State: NY

ZIP code: 12553

Phone: 845-567-6600

Date Contribution Received: 07 / 18 / 2012 Amount of Contribution: \$ 1440 .00

Date Contribution Received: 09 / 18 / 2012 Amount of Contribution: \$ 1628 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 5

Single Source Entity's Name: Long Island Builders Institute

or
Single Source Person's Last Name: First Name:

Address: 1757-8 Veterans Memorial Highway

City: Islandia

State: NY

ZIP code: 11749

Phone: 631-232-2345

Date Contribution Received: 07 / 18 / 2012 Amount of Contribution: \$1378 .00

Date Contribution Received: 07 / 31 / 2012 Amount of Contribution: \$2192 .00

Date Contribution Received: 09 / 14 / 2012 Amount of Contribution: \$3068 .00

Date Contribution Received: 10 / 16 / 2012 Amount of Contribution: \$125 .00

Date Contribution Received: 11 / 13 / 2012 Amount of Contribution: \$188 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

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Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 6**

Single Source Entity's Name: HBA of Mohawk Valley

or

Single Source Person's Last Name:

First Name:

Address: 728 Court Street

State: NY

ZIP code: 13502

City: Utica

Phone: 315-624-0276

Date Contribution Received: 07 / 09 / 2012

Amount of Contribution: \$ 626 .00

Date Contribution Received: 08 / 14 / 2012

Amount of Contribution: \$ 626 .00

Date Contribution Received: 09 / 18 / 2012

Amount of Contribution: \$ 438 .00

Date Contribution Received: 09 / 25 / 2012

Amount of Contribution: \$ 40 .00

Date Contribution Received: 10 / 18 / 2012

Amount of Contribution: \$ 250 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒**Contributions from Single Source # 7**

Single Source Entity's Name: Queens & Bronx Building Association

or

Single Source Person's Last Name:

First Name:

Address: 16-66 Bell Blvd., Ste. 745

State: NY

ZIP code: 11360

City: Bayside

Phone: 718-428-3369

Date Contribution Received: 07 / 26 / 2012

Amount of Contribution: \$ 689 .00

Date Contribution Received: 08 / 22 / 2012

Amount of Contribution: \$ 939 .00

Date Contribution Received: 09 / 18 / 2012

Amount of Contribution: \$ 564 .00

Date Contribution Received: 09 / 25 / 2012

Amount of Contribution: \$ 689 .00

Date Contribution Received: 10 / 16 / 2012

Amount of Contribution: \$ 814 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**A**

Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received: / /

Amount of Contribution: \$.00

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Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Contributions from Single Source # 8

Single Source Entity's Name: Rochester Home Builders Association

or

Single Source Person's Last Name:

First Name:

Address: 20 Wildbriar Road

State: NY

ZIP code: 14623

City: Rochester

Phone: 585-272-8222

Date Contribution Received: 07 / 24 / 2012

Amount of Contribution: \$ 1753 .00

Date Contribution Received: 08 / 07 / 2012

Amount of Contribution: \$ 1190 .00

Date Contribution Received: 09 / 18 / 2012

Amount of Contribution: \$ 1315 .00

Date Contribution Received: 10 / 05 / 2012

Amount of Contribution: \$ 1816 .00

Date Contribution Received: 11 / 27 / 2012

Amount of Contribution: \$ 1378 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Contributions from Single Source # 9

Single Source Entity's Name: Southern Tier Home Builders & Remodelers Association

or

Single Source Person's Last Name:

First Name:

Address: 2807 North Street

State: NY

ZIP code: 13760

City: Endwell

Phone: 607-785-9285

Date Contribution Received: 07 / 24 / 2012

Amount of Contribution: \$ 689 .00

Date Contribution Received: 08 / 28 / 2012

Amount of Contribution: \$ 438 .00

Date Contribution Received: 09 / 14 / 2012

Amount of Contribution: \$ 564 .00

Date Contribution Received: 10 / 23 / 2012

Amount of Contribution: \$ 438 .00

Date Contribution Received: 12 / 21 / 2012

Amount of Contribution: \$ 313 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

Amount of Contribution: \$.00

Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #8

Single Source(or Related or Affiliated) Entity's Name: Rochester Home Builders Association

or
Single Source (or Related or Affiliated)Person's Last Name:

First Name:

Address: 20 Wildbriar Road

City: Rochester

State: NY

ZIP code: 14623

Phone: 585-272-8222

Date Contribution Received: 12 / 13 / 2012

Amount of Contribution: \$ 1252 .00

Date Contribution Received: / /

Amount of Contribution: \$.00

Date Contribution Received: / /

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VI Subjects lobbied:

Residential construction industry and related issues; New York Energy Star Home Program; Green residential building program; J-51; Labor Law; EAF;

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A1415 A9110 A9390 A9642 A9163 A9832 A9842 A10050
A10219 A10306 A10387 A10631 A10739 A10798 S1462
S6056 S6134 S6332 S6522 S6625 S6664 S6888 S6899
S6923 S7052 S7232 S7299 S7422 S7549 S7815

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

None

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Senate, Assembly, Executive Chamber, NYSEDA, DEC

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

None

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

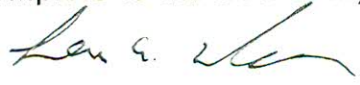
None

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:  DATE: 1-15-13

PRINT NAME: LAST Dubuque FIRST Lewis

TITLE: Executive Director

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.